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CONFIRMATION NO. 1410

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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| 10/623,035 | 07/18/2003 RULE | 424 | 1643 | BBC-206 |

APPLICANTS

Subhashis Banerjee, Shrewsbury, MA;
 Lori K. Taylor, Wadsworth, IL;
 Clive E. Spiegler, Reading, UNITED KINGDOM;
 Daniel Edward Tracey, Harvard, MA;
 Elliot K. Chartash, Randolph, NJ;
 Rebecca S. Hoffman, Wilmette, IL;
 William T. Barchuk, Madison, NJ;
 Philip Yan, Vernon Hills, IL;
 Anwar Murtaza, Westborough, MA;
 Jochen G. Salfeld, North Grafton, NC;
 Steven Fischkoff, Short Hills, NJ;

**** CONTINUING DATA *******

This appln claims benefit of 60/397,275 07/19/2002 and claims benefit of 60/411,081 09/16/2002
 and claims benefit of 60/417,490 10/10/2002
 and claims benefit of 60/455,777 03/18/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 10/20/2003**

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|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MA | SHEETS DRAWING 0 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 8 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

Tara Seshadri
 Abbott Bioresearch Center
 100 Research Drive
 Worcester, MA01605

TITLE

Treatment of pain using TNFalpha inhibitors

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| FILING FEE RECEIVED 1724 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
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